



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 8:20 am, Oct 03, 2013

REPORT # 7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 030450	PRINTER SN 95.1111.053	DATE OF INSPECTION 10-02-2013
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST. JOSEPH, MO		TIME OF INSPECTION 1803

**CHECKLIST:** Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER AIR GAS LOT # AG300201 EXP. DATE 01/02/2015

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 - .097

TEST 2 - .097

TEST 3 - .096

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0

(0-.04) 0

(.05-.09) 2

(.10-.14) 2

(.15-.19) 4

(OVER .19) 1

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME

ROBERT PAUL

TYPE II PERMIT NUMBER/EXPIRATION DATE

220353 10-10-14

TELEPHONE NUMBER

816-271-4777

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Customer Name  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Test Date: 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

<u>Exp. Date</u>	<u>Cyl. Type</u>	<u>Component</u>	<u>Certified Concentration</u>
1/2/2015	108	Ethanol Nitrogen	0.100 $\pm$ 2% BrAC (272 ppm) Balance

Lot # AG300201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.5 ppm	EB0010603	390.9 ppm
EB0010570	258.4 ppm	EB0010559	258.3 ppm
EB0010286	208.9 ppm	EB0010595	209.2 ppm
EB0010561	101.9 ppm	EB0010562	104.9 ppm
EB0010681	53.0 ppm	EB0010579	52.4 ppm

Analytical Method: NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

13 IV Serial NO: 888458  
Version NO: 7418

TEST RECORD 888458

Temp Date Time 2102  
✓

Air Blank

18/02/19 18:03 .000

Calibration Check

20 18/02/19 18:03 .057

Subject Name

Subject I.D.

Operator Name: I.D.

*Robert Ann*

Location

13 IV Serial NO: 888458  
Version NO: 7418

TEST RECORD 888458

Temp Date Time 2104  
✓

Air Blank

18/02/19 18:05 .000

Calibration Check

21 18/02/19 18:05 .057

Subject Name

Subject I.D.

Operator Name: I.D.

*Robert Ann*

Location

13 IV Serial NO: 888458  
Version NO: 7418

TEST RECORD 888458

Temp Date Time 2104  
✓

Air Blank

18/02/19 18:09 .000

Calibration Check

22 18/02/19 18:09 .057

Subject Name

Subject I.D.

Operator Name: I.D.

*Robert Ann*

Location

13 IV Serial NO: 888458  
Version NO: 7418

TEST RECORD 888458

Temp Date Time 2102  
✓

Air Blank

18/02/19 18:10

Subject Name

Subject I.D.

Operator Name: I.D.

*Robert Ann*

Location

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



ROBERT L PAUL

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/10/2012

Number 220353

Expires 10/10/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)